

**DRILLING COMPLETION REPORT**

Document Number:  
400852865

Date Received:

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 10447 Contact Name: JENNIFER LIND  
 Name of Operator: URSA OPERATING COMPANY LLC Phone: (720) 508-8362  
 Address: 1050 17TH STREET #2400 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80265

API Number 05-045-22801-00 County: GARFIELD  
 Well Name: WATSON RANCH B Well Number: 24AWI-17-07-95  
 Location: QtrQtr: SESW Section: 17 Township: 7S Range: 95W Meridian: 6  
 Footage at surface: Distance: 1047 feet Direction: FSL Distance: 1978 feet Direction: FWL  
 As Drilled Latitude: 39.433351 As Drilled Longitude: -108.023363

GPS Data:  
 Date of Measurement: 06/02/2015 PDOP Reading: 1.2 GPS Instrument Operator's Name: HOFFMANN

\*\* If directional footage at Top of Prod. Zone Dist.: 1024 feet. Direction: FSL Dist.: 1921 feet. Direction: FWL  
 Sec: 17 Twp: 7S Rng: 95W  
 \*\* If directional footage at Bottom Hole Dist.: 1024 feet. Direction: FSL Dist.: 1921 feet. Direction: FWL  
 Sec: 17 Twp: 7S Rng: 95W

Field Name: PARACHUTE Field Number: 67350  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 03/26/2015 Date TD: 05/30/2015 Date Casing Set or D&A: 05/31/2015  
 Rig Release Date: 06/01/2015 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 7400 TVD\*\* 7397 Plug Back Total Depth MD 7329 TVD\*\* 7326  
 Elevations GR 5585 KB 5602 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
PULSED NEUTRON, CBL, MUD. OPEN HOLE LOGS WERE RUN FOR THIS PAD ON THIS WELL AND ARE ALSO ATTACHED.

**CASING, LINER AND CEMENT**

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24+1/16	16	75	0	77	70	0	77	CALC
SURF	12+1/4	9+5/8	36	0	1,740	331	0	1,757	CALC
1ST	8+3/4	5+1/2	17	0	7,374	1,010	2,706	7,400	CBL

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	3,504		NO	NO	
CAMEO	5,936		NO	NO	
ROLLINS	6,456		NO	NO	
COZZETTE	6,729		NO	NO	
CORCORAN	7,012		NO	NO	

Comment:

LAT / LONGS PROVIDED IN THE WELL INFORMATION SECTION ARE ACTUAL, AS-DRILLED COORDINATES. AS-DRILLED PLAT ATTACHED FOR YOUR REFERENCE.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: JENNIFER LIND

Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: JLIND@URSARESOURCES.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400853792	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400852993	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400852994	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400852995	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400852998	PDF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400853000	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400853003	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400853004	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400853005	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400853006	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)